MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. IND. DEP. DEP. DEP. DEP. IND. IND. άž (1) To select of 4.74 \mathcal{A}_{A}^{-1}/A 9 24 TABLE W. P. Agus . .95 5 m 2 **等型型。** A1200 物种类 40.3 74.34 TOTAL TOTAL TOTAL DEP. TOTAL DEP.

SERIAL NO.

FILING DATE